

At the Center

General Hospital 1925 Mission & Zonal



A Message from Dan Castillo, CEO



As many of you know, CMS maintains oversight for compliance with the Medicare health and safety standards for laboratories, acute and continuing care providers (including hospitals, nursing homes, home health agencies, end-stage renal disease facilities, hospices, and other facilities serving Medicare and Medicaid beneficiaries), and makes available to beneficiaries, providers/suppliers, researchers and State surveyors information about these activities. Failure to comply with the minimum health and safety standards will result in loss of CMS

certification—something no hospital can afford.

Over the last couple of months, a great deal of effort has been placed on responding to corrective actions as a result of our CMS audit in March. What can you do to ensure we are successful during our next CMS or Joint Commission visit? Understand the following areas that were highlighted as concerns during the last survey:

Inpatient Treatment Rooms

A. Use of treatment rooms is limited to procedures identified in Medical Center Policy and Procedure #928 (see <http://intranet.lacusc.org/web/reference/manuals/lacusc/MC928.pdf> on the intranet for a copy of the policy); B. Nurses must verify that a given procedure can be performed in a given treatment room, and that the person(s) performing the procedure have appropriate privileges (or competencies for trainees) to do so; C. All procedures should include the “Universal Protocol”: applies to all invasive procedures; conduct a pre-procedure verification process involving the patient; verify the correct procedure, for the correct patient, at the correct site; History and physical; Signed consent form; Nursing assessment and pre-anesthesia assessment. Mark the procedure site; mark the procedure site with the word “YES” before the procedure is performed and if possible with the patient involved; the procedure site is marked by a licensed independent practitioner who is ultimately accountable for the procedure and will be present; perform a time-out before the procedure; it involves the immediate members of the procedure; correct patient identity; the correct site; the procedure to be done; “Time Out” must be documented in the medical record, in Affinity, or on the Universal Protocol form (outside the OR) or Surgical Safety Checklist (OR) and all team members must stop all other activities during the “time out” process.

Medication Orders

Must include date, time, medication name, dosage strength, dosing frequency of administration, route of administration, name of the patient, identification number of the patient, ward or location of the patient and provider name and SID.

Restraint Orders

Justification for any restraint order must be clearly identified and placed in the progress notes, including least restrictive alternative methods used; orders must document type (hard vs. soft); specify number of limbs to be restrained; reflect requirement (behavioral vs. medical/non-behavioral); conform to time and age specific guidelines; time limitation (not to exceed 24 hours); restraints must be re-ordered in a timely fashion when necessary, otherwise nursing must remove the restraints and nursing must document required periodic checks of restrained patients.

Hand Washing/Infection Control

Wash hands or use alcohol-based hand sanitizer; before and after each patient contact; before contact with medical equipment or other objects in a patient’s room; before and after glove use; wash hands with soap & water after 5-10 applications of alcohol-based sanitizer; if using Caviwipes; ensure adequate contact time (1 minute) and utilize the first wipe for cleaning and the second for disinfection.

Medical Record Compliance

Sign, date, time, & write ID number after all orders; legible handwriting, do not write over errors; do not use unapproved abbreviations; H&P must be signed with date and time; must be updated if original performed >30 days before surgery date or if anesthesia services required; attending must sign all H&P (with date and time) within 24 hours of admission; all procedures must have a post-procedure note in the medical record prior to the patient leaving the procedure area; full operative reports are to be dictated within twenty-four (24) hours of surgery completion; a discharge summary should be dictated or completed within three (3) days of the patient's discharge for any patient who has remained hospitalized for more than twenty-four (24) hours; verbal or phone orders are to only be used in emergency situations and must signed within 24 hours and medication reconciliation is to be completed upon admission, transfer, discharge, or clinic encounter.

Consents

Must be completed in full detail (including anesthetic choice) prior to performing all invasive procedures; any amendments must be timed, dated and signed/initialed; complete all “Yes”/“No” elements; this includes requirement for interpreter, blood transfusion and presence of an observer in the room. If we are attentive to the elements above, then I’m confident that we will not only excel in this next visit, but thrive in our quality improvement and patient safety efforts long after CMS leaves.

OCCUPATIONAL THERAPY: HELPING PATIENTS LIVE LIFE TO ITS FULLEST

Janice Ching, MA, OTR/L
Occupational Therapy Instructor

THE American Occupational Therapy Association and occupational therapy practitioners in California celebrated National Occupational Therapy Month in April.

Occupational therapy is a health profession that helps people regain skills for their life roles or “occupations” that have been compromised by illness or injury. Occupational therapists (OTs) *At the Center* are actively involved in traditional as well as unique practice areas. In addition to providing dedicated service here on campus, several of our OTs demonstrate their selfless commitment to global humanitarian projects that include:

Dawn Kurakazu graciously shared her time, experiences and rehab techniques with colleagues at West Hills Burn Center in Los Angeles.

Robert Jerskey is in his 23rd year of collaborative work with Non-Governmental Organizations in urban and rural India. He and a team of medical colleagues deliver services to patients affected by Hansen's Disease (Leprosy), most recently in Nagaland, a remote province in northeast India. Robert reports the results of his work at the International Leprosy Congress held every 5 years.

Yoko Masuda accepted an assignment in a Romanian orphanage for abandoned and underweight children through the Global Volunteers program. Relying on her OT-based training and knowledge, Yoko improved the quality of life to a child with hydrocephalus who was confined to a crib. Since the hydrocephalus prevented the child from lifting her head to view outside the crib, Yoko created a visually-stimulating crib environment as well as an instructional handout for the next group of volunteers, thus contributing to the quality of care to these orphans.

Nazuki “Naz” Ito is in her 6th year as a service volunteer at Mephiosheth Training Center (MTC) in Ghana. Naz and an international rehab team works closely with MTC staff to teach children and young adults with disabilities to promote independence in self-care and to facilitate acceptance and participation in customary community activities.

Jeffrey Yamada worked to provide rehab and wellness services in a Ghanaian village with a team of 30+ members from the USC OT/OS Leadership Capstone program. Jeff taught exercises and positioning techniques to prepare the children for performance in future life skills as well as functional activities to promote vocational skill development.

In conjunction with Loma Linda University and Université Adventiste d'Haïti/ Carrefour, Ethel Lai will start her 3rd trip on behalf of earthquake relief in Haiti. As a co-teacher of a course in Neuro Rehab, Ethel shares her knowledge and clinical proficiency with Haitian students in a Rehab Technician program. This in turn enables the local population to carry on critically-needed aid and rehab services until international support is no longer needed.

We take great pride in the work of our therapists, here and abroad. Please celebrate their yearlong dedicated efforts!



Graduate Medical Education 101

Tatum Korin, Ed.D.

Assistant Dean, Graduate Medical Education

Welcome to the inaugural Graduate Medical Education (GME) column in the *At the Center* newsletter. With the support of Mr. Daniel Castillo, this column will feature information related to our 900+ interns, residents and fellows and the 60+ residency and fellowship training programs on campus. The column will highlight individual programs, specific residents, events and/or program directors that have contributed to the advancement of patient safety and quality improvement.

Many do not realize that GME is an essential public investment in tomorrow's health care system that furthers the nation's goal **to attain the triple aims of better health, better health care and lower costs**. Although \$13 billion per year is invested in GME, it is still less than 1% of the \$1.4 trillion of federal and state expenditures on health care.

The Office of Graduate Medical Education, led by Dr. Lawrence Opas, the Designated Institutional Official (DIO) and his dedicated staff, oversee the educational and clinical training of all the residents in dozens of ACGME-accredited residency programs. The medical students accepted to, training at and graduated from LAC+USC residency and fellowship programs are committed to safely caring for patients in the local community, the greater Los Angeles area and beyond. Providing safe, quality care to all who enter the doors of LAC+USC is our #1 priority.

“0” News Coming!!!

Watch out for your e-mail. “0” news is arriving at a terminal near you. Get the 411 on everything Orchid happening *At The Center!*



Red Cross Blood Drive

Fernando Bravo

Director, Patient and Guest Relations

Congratulations LAC+USC for earning an American Red Cross Platinum Blood Donation Award for 2013. This is the highest award given to an organization that raises over 400 units of blood in one year. Employees and volunteers *At the Center* donated a total of 510 units in 2013. Thanks to your support we are off to a great start in 2014, but we need more help if we want to surpass last year's total of 510 units donated.

According to the American Red Cross—Southern California does not raise enough blood to support the needs of local hospitals, so it must import blood from other States. As a major client of blood products, LAC+USC has a very special need to recruit as many donors as possible. In previous years, volunteers and their friends have contributed approximately 50% of our donations, while employee donors make up less than 3% of employees that donate blood on this campus.

We certainly have more potential to have a greater impact for our patients and for the communities we serve. You can make a difference because when you donate one pint of blood you can save up to three or more lives. According to the Red Cross, ***“the number one reason people don’t donate is they weren’t asked.”*** So on behalf of the LAC+USC patients and communities, we are asking you to sign up and donate. Our next Blood Drive is August 13-14, 2014 in the General Hospital Auditorium from 6am-6pm. Call the Volunteer Office @ 323-409-6945 for details and to sign up!

DSRIP 1115 Waiver: Sepsis and CLABSI

Robert Avitia, RN, MS, MJ, CPHQ, Quality Improvement Manager

Andrew Liman, BA, Project Coordinator

Victoria Autelli, BS, Research Analyst

LAC+USC Medical Center was awarded a Delivery System Reform Incentive Payment (DSRIP) 1115 waiver grant from Kaiser Health Foundation in order to improve the

quality of care that we provide to our patients. Although there are many provisions in the DSRIP 1115 Waiver, we would like to highlight the recent clinical work that has been a challenge for us: sepsis and central line-associated bloodstream infections (CLABSIs).

... 56% increase in sepsis compliance since 2009.

About one third of our mortalities in the facility are related to sepsis; thus, our efforts over the past few years have revolved around the sepsis resuscitation bundle, which includes drawing blood cultures and lactates, providing fluids and administering antibiotics as quickly as possible for suspected septic patients. By the end of 2013, we were 84% compliant with the bundle, an increase of 56% since 2009. Moving forward, we must remain vigilant of patients who may develop sepsis and continue following our sepsis protocol, particularly as it pertains to lactates and fluids. Dr. Howard Belzberg, ICU Medical Director, stated, ***“The waiver has been a help to our institution by getting more people involved with thinking about, recognizing and treating sepsis.”***

CLABSIs can also cause great harm to patients in addition to straining our facility's financial resources. A recent Harvard study highlighted the fact that CLABSIs cost hospitals about \$45,814 per case! Although we have greatly reduced the occurrence of CLABSIs in the early years of the waiver, there is still room for improvement. Since the majority of our infections appear to stem from issues with line maintenance, our efforts moving forward should emphasize a clean environment in patient rooms, the regular care of central lines and line removal when no longer necessary.

With clinical leadership support, we have made significant strides in our work with sepsis and CLABSIs and have greatly impacted our patient's lives. We hope that by sustaining the efforts with the 1115 Waiver will continue translating into meaningful care for patients and the upholding of an institutional standard of excellence.

The Art of Neonatal Care: Our Passion

The Neonatal Intensive Care Unit (NICU) Team held their 6th annual conference on June 4th @ LAC+USC Medical Center General Hospital Auditorium. The well attended conference was developed to update nurses, respiratory therapists and other health care professionals who are involved in the care and treatment of neonatal patients. The conference speakers included key clinical information from professionals such as Dr. Cathy Shin, Dr. Rowena Cayabyab, Dr. Fiona Wertheimer, Dr. Pamela Close, Sheilah Pagarán, R.N., and Respiratory Therapist Richard Hernandez. Topics discussed included minimally invasive surgery in neonates, respiratory care, therapeutic hypothermia therapy, Congenital Cytomegalovirus (CMV), palliative care and delayed cord clamping. E-mail at LWallace@dhs.lacounty.gov for next year's conference!

National Cancer Registrars Week April 7-11, 2014



CANCER REGISTRARS: STEADFAST IN AN EVOLVING ENVIRONMENT



LAC+USC Medical Center's cancer registrars joined their colleagues, fellow medical professionals and community leaders to observe the 18th annual National Cancer Registrars Week (NCRW), April 7-11, 2014. The purpose of NCRW is to emphasize the important role cancer registrars play in capturing the data that informs cancer research, prevention, and treatment programs.

Cancer Registrars are the first line workers responsible for accurately capturing cancer data for research. National Cancer Registrars Week provided an opportunity to acknowledge the pivotal role registrars play in creating the sound footing from which cancer care and treatment can advance.

This year's theme — *Steadfast in an Evolving Environment* — was chosen to acknowledge how cancer registrars are committed to staying current in the rapidly changing worlds of cancer diagnosis, treatment and management. Through continuing education, registrars ensure they are up-to-date on the medical and technological advances in order to provide the essential information needed by researchers, healthcare providers and health officials to better monitor and improve cancer treatment, conduct research and target cancer prevention and screening programs.

Cancer registrars at LAC+USC (*Sonia Vargas, Aloo Jijina, Velvet Olufemi, Shirley Cook & Marcia Hamilton*) work in a variety of cancer treatment and research settings and manage a wide range of demographic and medical data on those with cancer. The information is both submitted to and utilized by California State and National cancer registries to enable cancer programs to accurately determine cancer patient populations, measure outcomes of treatment and survival and formulate plans for improvement. The data are included in numerous publications including the prestigious *Annual Report to the Nation on the Status of Cancer*, a collaboration of the American Cancer Society, the Centers for Disease Control and Prevention, the National Cancer Institute and the North American Association of Central Cancer Registries, that uses cancer registry data to provide updated information on cancer occurrence and trends.

National Cancer Registrars Week activities included staff recognition events, professional development sessions and displays promoting the work of the cancer registry and its value to public health. Congratulations to our cancer registrars *At the Center* for their tireless work!

Did You Know . . .

Dr. Marc Weigensberg has been awarded a \$3.4 million National Institute of Health grant to study the role of guided imagery in improving youth behaviors and health?

The study will be done in collaboration with Los Angeles Unified School District (LAUSD) and the Rotary Club and will focus on the effects of guided imagery on obese Latino adolescents.

Dr. Larry Opas stated ***"Dr. Wigginsberg's extremely important and timely research will help all providers gain a better understanding of the psychosocial determinants of health in Latino youths in order to provide high quality holistic healthcare for all adolescents."***

At the **Center**

Committed to Quality Care & Courteous Service



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Putting Patient Safety 1st

Tonia Amos Jones, Ph.D., FNP-BC
Patient Safety Officer

LAC+USC is committed to promoting a safe environment. One that ensures and encourages the provision of safe and quality patient care entrenched in a just, fair and transparent culture. Efforts to support this commitment involve collaboration among staff, physicians and hospital leadership, as well as patients and their families.

Optimally, patient safety should be incorporated into the orientation and continuing education of everyone on campus. This entails reporting of events and near misses via our UHC Safety Intelligence Reporting System (formerly PSN). Current and future avenues in which education will be provided include: New Employee, Department Specific & Nursing Orientations, Unit in-service education, Annual Patient Safety Fair, Online Learning Modules, Proactive Risk Assessments, Root Cause Analysis (RCA) and Patient Safety Initiatives.

I look forward to working with each and every one of you as we continue to weave patient safety into the rich fabric and history of everyone on campus at LAC+USC!